## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be recited to though 5 should be completed where

| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)   |  |   |  |                          | Note: A certificate of mailing can only be used for domestic mailings of the   |                            |  |   |  |
|--|--|---|--|--------------------------|--|----------------------------|--|---|--|
|  |  |   |  |                          | Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. |                            |  |   |  |
|  | 7590 09/1  | 8/2007  |  | haîve                    | its own certificate  | of ma                      | lling or transmission.   | nt of formal drawing, musi  |  |
| Striker Striker<br>103 East Neck R<br>Huntington, NY   |  | Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. |  |                          |  |                            |  |   |  |
|  |  |   |  |                          |  | 10 (5)                     | 1) 273-2865, Off the da  | (Depositor's name)  |  |
|  |  |   |  |                          |  |                            |  | (Signature)   |  |
|  |  |   |  |                          |  |                            |  | (Date)  |  |
| APPLICATION NO.  | FILING DATE  |   | FIRST NAMED INVEN  | TOR                      |  | ATTO                       | RNEY DOCKET NO.  | CONFIRMATION NO.  |  |
| 10/521,404   | 01/18/2005   |   | Antonio Izzo   |                          |  |                            | 3218   |   |  |
| · ·  |  | RIAL SLAB PRODUCTI  |  |                          |  |                            | 3218   | 1982  |  |
|  |  |   |  |                          |  |                            |  |   |  |
|  |  |   |  |                          |  |                            |  |   |  |
| APPLN. TYPE  | SMALL ENTITY   | ISSUE FEE DUE   | PUBLICATION FEE I  | UE                       | PREV. PAID ISSUI   | E FEE                      | TOTAL FEE(S) DUE   | DATE DUE  |  |
| nonprovisional   | YES  | \$700   | \$300  |                          | \$0  |                            | \$1000   | 12/18/2007  |  |
| EXAMINER   |  | ART UNIT  | CLASS-SUBCLASS   |                          |  |                            |  |   |  |
| EWALD, MAR   | IA VERONICA  | 1722  | 425-447000   |                          |  |                            |  |   |  |
| 1. Change of corresponde   | ence address or indication   | on of "Fee Address" (37   | 2. For printing on   | the pa                   | atent front page, lis  | t                          |  |   |  |
| CFR 1.363).  Change of correspondence of corresp | ondence address (or Cha  | ange of Correspondence  |  | in to                    | 3 registered paten   |                            | <sub>leys</sub> Michael  | J. Striker  |  |
| Address form PTO/SE  | 3/122) attached.   | , <u>,</u>  | (2) the name of a  | single                   | e firm (having as a  | memb                       | er a 2   |   |  |
| "Fee Address" ind<br>PTO/SB/47; Rev 03-0<br>Number is required.  | s" Indication form<br>ned. Use of a Customer   | registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  |  |                          |  |                            |  |   |  |
| 3. ASSIGNEE NAME A   | ND RESIDENCE DAT   | A TO BE PRINTED ON  | THE PATENT (print of   | or typ                   | ie)  |                            |  |   |  |
| PLEASE NOTE: Unl recordation as set forth  | ess an assignee is ident<br>h in 37 CFR 3.11. Com  | tified below, no assignee pletion of this form is NO  | data will appear on t  | he pa                    | itent. If an assign  | ee is id                   | lentified below, the do  | ocument has been filed for  |  |
| (A) NAME OF ASSIG  |  |   | (B) RESIDENCE: (C  |                          |  | OUNT                       | RY)  |   |  |
| SEIEFFE,   | S.R.L.   |   | Bonea, I   |                          |  |                            |  |   |  |
| 701 1 1 1  |  |   | •  |                          |  |                            |  |   |  |
| Please check the appropri  | late assignee category or  | r categories (will not be pr  | rinted on the patent):   | <u> </u>                 | Individual Co  | rporati                    | on or other private gro  | up entity Government  |  |
| 4a. The following fee(s) a   | are submitted:   | 41  | b. Payment of Fee(s):  | Pleas                    | se first reapply an  | y prev                     | iously paid issue fee s  | shown above)  |  |
| Issue Fee  | o small entity discount  | •   | A check is enclos  | ed.                      |  |                            |  |   |  |
| Advance Order - #  | Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 194675 (enclose an extra copy of this form). |   |  |                          |  |                            |  |   |  |
|  |  |   | overpayment, to I  | Depos                    | sit Account Numbe  | r 194                      | 1675 (enclose ar   | extra copy of this form).   |  |
| 5. Change in Entity Stat   | tus (from status indicate<br>s SMALL ENTITY state  |   | Dh Amalianation  | 1                        | 1' ' 02.647  | T. TD 101                  |  |   |  |
| NOTE: The Issue Fee and  | Publication Fee (if rea  | uired) will not be accente  | d from anyone other tl   | iong<br>an th            | ger claiming SMAL  | L ENT                      | TTY status. See 37 CF  | R 1.27(g)(2).  e assignee or other party in   |  |
| interest as shown by the r   | ecords of the United Sta   | ites Patent and Trademark   | Office.  |                          | te apprount, a regi  | - Cica a                   | morney of agent, of the  | e assignee or other party in  |  |
| Authorized Signature   |  |   | and the second   |                          | Date 12/0  | 3/2                        | 007  |   |  |
| Typed or printed name  | . Striker  | Registration No. 27233  |  |                          |  |                            |  |   |  |
| This collection of informa   | ation is required by 37 C  | CFR 1.311. The information  | on is required to obtain   | or re                    | etain a benefit by th  | ne publ                    | ic which is to file (and   | by the USPTO to process)  |  |
| an application, Confident<br>submitting the completed<br>his form and/or suggestion<br>Box 1450, Alexandria, Vi  | lanty is governed by 35 application form to the ons for reducing this built in 22313-1450. DO  | U.S.C. 122 and 37 CFR USPTO. Time will vary rden, should be sent to the NOT SEND FEES OR  | 1.14. This collection is depending upon the is e Chief Information Control of the | s esti<br>ndivi<br>ffice | mated to take 12 n<br>dual case. Any co<br>r, U.S. Patent and  | ninutes<br>mment<br>Fradem | to complete, including<br>s on the amount of time<br>ark Office, U.S. Depa | by the USPTO to process) g gathering, preparing, and ne you require to complete runent of Commerce, P.O. or Patents, P.O. Box 1450, |  |

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.